



Risk Communication and Terrorism:

New Clinical Approaches

1. Hotel Registration:

The Henry Jackson Foundation via a rooming list that is generated by completed registrations will handle hotel reservations. Upon your arrival at the hotel, you will be required to secure your reservation with a credit card or other form of payment.

- Single Room Rate per Night \$119.00 (one person, one King bed)
- Double Room Rate per Night \$139.00 (two people, two double beds)

2. Mail-in Registration: You can register by mail by completing the attached registration form. Please include your check for \$100 (make check payable to: The Henry M. Jackson Foundation).

Mail to:

John Rosenquist,
Event Planner
The Henry M. Jackson Foundation,
For the Advancement of Military Medicine
1401 Rockville Pike, Suite 600
Rockville, MD 20852.

Your cancelled check is your receipt. You cannot use your credit card for mail-in registrations. Your cancelled check is your receipt.

- ### 3. Electronic Registration: You can register via this site electronically, using your credit card to pay conference fee of \$100.00 using one the following credit cards: MasterCard, VISA, or American Express. You will get an electronic receipt in the form of a confirming email. To register now, [click here](#).
- ### 4. Cancellation Policy: We count the registrations for both meal and room projections. Our cancellation policy is based on the hotel cancellation policy. Fees paid for conference registration can be canceled up to 14 days before the Event, August 26, 2002. If you paid by credit, it will take approximately 1-2 business days to credit your credit card. If you pay by check, you will be reimbursed within 3-5 working days.

The First Annual Conference On Post-Deployment Care Risk Communication And Terrorism: New Clinical Approaches – Mail-In Registration Form

Name: _____ Rank or Title: _____

Address: _____ City: _____

State: _____ ZIP: _____ Home Phone: _____

Business Phone: _____ Fax: _____

Best E-mail Address: _____

Organization: DoD, Active Military, Nat'l Guard, Reserve, Coast Guard, VA ,DoE/DoL, DHHS, Not-For-Profit,
Private Sector, Other: _____

CHE Type: Physician, Nurse, Psychologist, Social Worker, Health Care Executive, Patient,
Other _____

SSN# (for CHEs): _____ \$100 Registration Fee Enclosed

Hotel Information:

I will be staying at the Hilton Alexandria Mark Center ☐ Yes ☐ No **Check-in date:** _____

I request a ☐ Single ☐ Double ☐ Smoking ☐ Non-Smoking **Check-out date:** _____

Please indicate your attendance at the following events:

☐ I am attending the dinner on Monday, September 9. I am attending the breakfast on Wednesday, 2 September 11

For our planning purposes, please list the following:

The three break out sessions you are most likely to attend: _____

The three break out sessions you are least likely to attend: _____